

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	18					
TOTAL DEP.	03					
TOTAL CLAIMS	01					

SERIAL NO. _____	FILING DATE _____
APPLICANT(S) _____	
*	*
IND.	DEP.
IND.	DEP.
IND.	DEP.